



State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use

Fee Paid \$10.00

Date 3-29-2004

CK #6988 336ES

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name: Dominion Meadows Athletic Association / Erwin Bell Home Tel: ( 509 ) 684 - 2206  
A Washington non-profit 501 (C) 3 Corporation.  
Mailing Address: P.O. Box 189 Work Tel: ( 509 ) 684 - 4589  
City: Colville State: WA Zip+4 99114 + 0189 Fax: ( 509 ) 684 - 5448

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name: Erwin Bell Home Tel: ( ) -  
Mailing Address: Work Tel: ( ) -  
City State Zip+4 + FAX: ( ) -

Relationship to applicant: Manager-Dominion Meadows Golf Course

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 600 ( ☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of irrigating an 18-hole golf course. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Attached

Estimate a maximum annual quantity to be used in acre-feet per year: 425 (March 15 - November 15)

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Section 4. WATER SOURCE

IF SURFACE WATER	IF GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>2</u> well(s). Which is dependent on the quantity, quality, and depth of the water bearing unit.
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): depth is estimated at <u>100+</u> feet, and well size is unknown at this time.

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: First well is located approximately 845 feet west and 345 feet north from the SE corner of Section 10. Second well to be approximately 1,800 feet East of the first well.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SE	SE	10	35N	39E	STEVENS			
SW	SW	11	35N	39E	STEVENS			

For Ecology Use	Date Received: _____	Priority Date: _____
SEPA: Exempt/Not Exempt	FERC License # _____	Dept. Of Health # _____
Date Accepted As Complete	By _____	Date Returned By _____
		WRIA: <u>59</u>

Stevens Co.

App. No.: 6830419



## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Dominion Meadows Golf Course Irrigation System

B. Briefly describe your proposed water system. (See instructions.)

Currently, the irrigation system is connected to the City of Colville municipal water system. The proposed system will consist of up to two wells, to a depth of approximately 100 feet below ground surface. Each well will be equipped with the appropriate sized pump, to be determined following completion of pumping test and well construction. The well will be connected to the existing irrigation system via necessary pumps and piping. A test well was completed on January 7, 2004, and the well log is attached.

C. Do you already have any water rights or claims associated with this property or system?  
PROVIDE DOCUMENTATION.

☐ YES ☒ NO

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system?

☐ YES ☐ NO

If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health?

☐ YES ☐ NO

If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan?

☐ YES ☐ NO

If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: ~160

B. List total number of acres for other specified agricultural uses:

Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_

C. Total number of acres to be covered by this application: ~160

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  
Add up the acreage in which you have a controlling interest, including only:

- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
- ‡ Acreage proposed to be irrigated under this application;
- ‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres?

☐ YES ☒ NO

2. Do you have a controlling interest in a Family Farm Development Permit?

☐ YES ☒ NO

If yes, enter permit no: \_\_\_\_\_

E. Farm uses:

Stockwater - Total # of animals 0 Animal type NA (If dairy cattle, see below)

Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

Depending on the yield and depth of the well, a pond may be constructed to allow for irrigation during evening and morning hours to minimize the loss of water to evaporation during irrigation. If needed, the pond will most likely be constructed with either a natural liner (i.e. bentonite clay) or synthetic liner (i.e. HDPE plastic). The pond size would be constructed to hold only ~1 to 2 days of storage; therefore, the size would be under the 10 acre-feet limit.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Colville Roundabout, at the intersection of Main (Hwy 395) and Hawthorne, drive east to 1861 East Hawthorne (See attached driving map). Proposed well(s) are located near the #11 green and near the 15th fairway.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Attached

## Section 11. PROPERTY OWNERSHIP

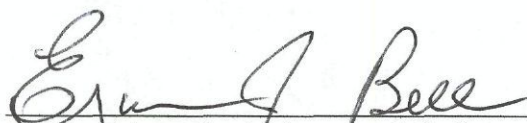
A. Does the applicant own the land on which the water will be used? AND  
☒ YES ☒ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Dominion Meadows Athletic Association owns ~90 acres, the other 70 acres is leased from the Colville Elks under a long-term lease agreement (attached).

B. Does the applicant own the land on which the water source is located?  
If no, submit a copy of agreement:

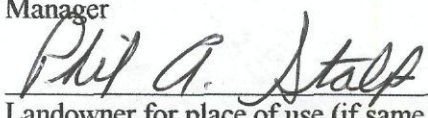
☒ YES ☐ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

  
Applicant (or authorized representative)

Erwin Bell  
Manager

March 26, 2004  
Date

  
Landowner for place of use (if same as applicant, write "same")  
Phil A. Stalp (509) 684-6821 Board President

March 26, 2004  
Date

G330419



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):		
_____ Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above and return your application by _____ _____ (date).		

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).